



DISABILITY COMPUTATION

State Form 10358 (R2/7-04)

Approved by the State Board of Accounts, 2004

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

| | |
|--------------------------------------|--------------------------|
| Name of Member | TRF Number (required) |
| Address (<i>number and street</i>) | |
| City, State, Zip | Phone Number () |

Date of First Check _____ Years of Service _____

Disability
Accrual Date _____ Monthly Benefit _____

First Check Calculation:

_____ Months @ _____ = _____
(FIRST CHECK AMT)

Date to be Re-examined:

Notes:

Worked by:

Checked by: